

## REQUEST FOR FORMS MANAGEMENT SERVICES

TYPE OF REQUEST <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> REINSTATED <input type="checkbox"/> OBSOLETE <i>(If checked, what form replaces)</i>				THIS FORM SUPERCEDES				
NAME OF REQUESTER				TELEPHONE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">AREA CODE</td> <td style="width: 40%;">NUMBER</td> <td style="width: 35%;">EXT.</td> </tr> </table>		AREA CODE	NUMBER	EXT.
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**OFFICE INFORMATION**

NAME <i>(Office, division, or branch)</i>	CORRESPONDENCE SYMB.	ROOM NUMBER
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**FORM INFORMATION**

FORM TITLE	FORM NUMBER
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EXPLAIN NEED FOR OR CHANGE TO THIS FORM

PRESCRIBING DIRECTIVE <i>(Order, handbook, or regulation number)</i>				WILL FORM BE EXHIBITED IN DIRECTIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO							
CLASS OF FORM <input type="checkbox"/> GSA-AGENCY WIDE <input type="checkbox"/> C.O. USE ONLY		FORM FILLED-IN BY <input type="checkbox"/> CENTRAL OFFICE <input type="checkbox"/> REGIONAL OFFICE <input type="checkbox"/> TWO OR MORE SERV./STAFF OFC. <input type="checkbox"/> OTHER <i>(Specify)</i>									
STOCKED BY <input type="checkbox"/> NFPC <input type="checkbox"/> ORIGINATOR <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> FSS <input type="checkbox"/> FOD			EXISTING STOCK DISPOSITION <input type="checkbox"/> USE UNTIL EXHAUSTED <input type="checkbox"/> DISPOSE OF WHEN SUPERCEDING FORM ISSUED <input type="checkbox"/> DISPOSE OF IMMEDIATELY <input type="checkbox"/> OTHER <i>(Specify)</i>								
METHOD OF ENTRY <input type="checkbox"/> HAND <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> OTHER <i>(Specify)</i>				AUTHORIZED FOR OTHER GOVERNMENT USE <input type="checkbox"/> YES <input type="checkbox"/> NO							
IS THIS A REPORTING FORM? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Provide report number and effective date.)</i>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 10%; text-align: center; vertical-align: middle;"><b>OMB</b></td> <td style="width: 50%;">NUMBER</td> </tr> <tr> <td>EXPIRATION DATE</td> </tr> </table>		<b>OMB</b>	NUMBER	EXPIRATION DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width: 10%; text-align: center; vertical-align: middle;"><b>INTER-AGENCY</b></td> <td style="width: 50%;">NUMBER</td> </tr> <tr> <td>EXPIRATION DATE</td> </tr> </table>		<b>INTER-AGENCY</b>	NUMBER	EXPIRATION DATE
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IS THIS FORM PART OF AN AUTOMATED DATA BASE? <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, INDICATE NAME OF APPLICATION AND SOFTWARE <i>(i.e., C.O. Telephone Directory/Lotus Notes)</i>									
WOULD YOU LIKE THIS FORM IN AN ELECTRONIC FORMS PACKAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO											
SIGNATURE OF APPROVING OFFICIAL <i>(Branch Chief or above)</i>					DATE						